

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 01, 2006 8:00 am**  
**Secretary of State**

02-01-2006 90011 002 \*\*\*\*61.25

**DOCUMENT # N07054**

1. Entity Name  
**LAKE AND SUMTER COUNTIES UNITED WAY  
FOUNDATION, INC.**



Principal Place of Business  
**515 WEST MAIN ST  
LEESBURG, FL 34748 US**

Mailing Address  
**515 WEST MAIN ST  
LEESBURG, FL 34748 US**



2. Principal Place of Business  
**320 W. Oak Terrace Dr.**

3. Mailing Address  
**320 W. Oak Terrace DR.**

Suite, Apt. #, etc.  
**Suite 106**

Suite, Apt. #, etc.  
**Suite 106**

City & State  
**Leesburg, FL**

City & State  
**Leesburg, FL**

Zip  
**34748**

Country  
**USA**

Zip  
**34748**

Country  
**USA**

01092006 Chg-NP CR2E037 (11/05)

4. FEI Number  
**59-2520099**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent  
**PROVANCE, J.L.  
515 WEST MAIN STREET  
LEESBURG, FL 34748**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)  
**320 W. Oak Terrace Dr.**

Suite 106

City  
**Leesburg**

FL Zip Code  
**34748**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  **1/26/06**

Signature of the registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$81.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

## 10. OFFICERS AND DIRECTORS

TITLE	C	<input type="checkbox"/> Delete
NAME	WHITE, BRAD	
STREET ADDRESS	900 NORTH 14TH ST	
CITY-ST-ZIP	LEESBURG, FL 34748	
TITLE	PCEO	<input type="checkbox"/> Delete
NAME	PROVANCE, JOHN	
STREET ADDRESS	515 W. MAIN ST.	
CITY-ST-ZIP	LEESBURG, FL 34748	
TITLE	CE	<input type="checkbox"/> Delete
NAME	LONGACRE, LESLIE	
STREET ADDRESS	1099 CITRUS TOWER BLVD	
CITY-ST-ZIP	CLERMONT, FL 34711	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	JUDGE, JIM	
STREET ADDRESS	2761 WEST OLD HWY 441	
CITY-ST-ZIP	MOUNT DORA, FL 32757	
TITLE	D	<input type="checkbox"/> Delete
NAME	HANSON, CATHERINE	
STREET ADDRESS	PO BOX 7800	
CITY-ST-ZIP	LEESBURG, FL 34748	
TITLE	T	<input type="checkbox"/> Delete
NAME	NICHOLS, DALE	
STREET ADDRESS	P.O. BOX 301	
CITY-ST-ZIP	SUMTERVILLE, FL 33585	

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Secretary	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kay McCoy	
STREET ADDRESS	1017 S. Main St.	
CITY-ST-ZIP	Wildwood, FL 34785	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **John Provance** **1/26/06** **753-8338**

Signature and typed or printed name of signing officer or director

Date Daytime Phone #